HEALTH CORNER

Practice Sun Safety To Avoid Skin Cancer

Most of us enjoy spending time outside. However, there are precautions you should take when you're in the sun all day. It's also important to know what signs to look for if you do develop skin cancer.

There are three types of skin cancer.

1. **Basal** (BA-sul) cell skin cancer is the most common skin cancer, especially after age 40 and in fair-skinned people. It rarely spreads through the body and usually is curable. It can appear as waxy or pearly bumps, usually on your face, ears, nose or neck. It also can appear as flat, pink, scar-like growths on your cheek or back.
2. **Squamous** (SKWAY-mus) cell skin cancer has more potential to spread to other parts of the body. Look for firm, red bumps or flat, scaly and crusty growths on your face, ears, nose, neck, hands or arms. Common among fair-skinned people and those over 50.
3. **Melanoma** is the least common but most dangerous skin cancer. If treated early, it is usually curable. If not, it can spread to other organs with a low 5-year survival rate. It has a variety of appearances, but look for irregular shapes and for moles with varied shades of brown, black, red, white or blue. Also look for any growth that changes or causes itching.

What can you do to protect yourself?

The best way to lower the risk of getting skin cancer is to practice sun safety, even on cloudy or overcast days.

- Use sunscreen with a sun protection factor (SPF) of 15 or higher. Reapply during the day.
- Wear a hat, shirt and sunglasses.
- Seek shade during the middle of the day. Practice the shadow rule: If your shadow is shorter than you, the sun's rays are at their strongest.

This information is general and is not intended to replace the advice of your doctor. Consult your personal physician about your own medical condition. The above article was obtained from the American Cancer Society

OPERATING ENGINEERS LOCAL NO. 77 FUNDS
911 Ridgebrook Road
Sparks, MD 21152-9451

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Questions About Your Benefits?
Call Participant Services at the Fund office (877) 850-0977.
Press "2" for a representative or "1" to use the automated system.

For Your Benefit

Operating Engineers Local No. 77

July 2013 Vol. 13, No. 3
www.associated-admin.com

Material Modification

Benefit Improvements for Cialis, TMJ and Cochlear Implants

The following is a Summary of Material Modifications (changes) to your Summary Plan Description booklet. Please keep this notice with your booklet.

Effective May 14, 2013, the Board of Trustees announced the following benefit improvements:

- Cialis–Currently the Fund will cover the cost of Viagra or Cialis up to nine (9) pills per month. Effective May 14, 2013, the Fund will cover "daily" Cialis at one (1) pill per day for 30 days if prescribed at 5mg.

  Cialis is prescribed to treat erectile dysfunction and used for the treatment of benign prostatic hyperplasia (enlarged prostate).

- TMJ Disorders–the Fund will cover TMJ treatment as a medical benefit up to $1,500 per year. This benefit is subject to your annual deductible and coverage is at 80%.

  Temporomandibular joint and muscle disorders (TMJ disorders) are problems or symptoms of the chewing muscles and joints that connect your lower jaw to your skull.

- Cochlear Implants–Cochlear Implants are covered under Major Medical and not under the hearing aid benefit.

  A cochlear implant (CI) is a surgically implanted electronic device that provides a sense of sound to a person who is profoundly deaf or severely hard of hearing.

Enroll This Month in the 401(k) Option

During the month of July, you have the opportunity to enroll in the 401(k) Option or make changes in the amount of contributions you currently make. The 401(k) Option is a provision of the Individual Account Plan (Annuity Fund). It allows your savings to go further because the money is saved on a **pre-tax** basis.

MassMutual Financial Group will send you a financial statement of your 401(k) account on a quarterly basis. This statement shows the amounts

Continued on Page 2

The purpose of this newsletter is to explain your benefits in easy, uncomplicated language. It is not as specific or detailed as the formal Plan documents. Nothing in this newsletter is intended to be specific medical, financial, tax, or personal guidance for you to follow. If for any reason, the information in this newsletter conflicts with the formal Plan documents, the formal Plan documents always govern.

Notice of Creditable Coverage. Cut and Keep. See Page 3.

This issue—

Continued from Page 1

you've contributed and how all your investments have performed. You may also monitor how your account is doing by using MassMutual's RetireSmart website located at www.retiresmart.com.

Participation in the 401(k)

Although your Employer may be required to make contributions to the Plan on your behalf, you may also elect to have contributions withheld from your earnings and contributed to the Plan under the 401(k) option.

Participation in this Option is ***totally voluntary***. You may stop making contributions or change the amount every six months (during January and July) by completing a Participant New Deferral form. Your 401(k) election deferrals may be made in increments of 50 cents per hour, up to a maximum deferral of $3.00 per hour. Please contact the Fund Office at (877) 850-0977 to request a Participant deferral form.

For more information

You can receive answers to questions about the 401(k) Plan, investment options, or account information by calling MassMutual at (800) 743-5274 or logging onto www.massmutual.com.

Your Vision Benefits Are though VSP Choice Plan

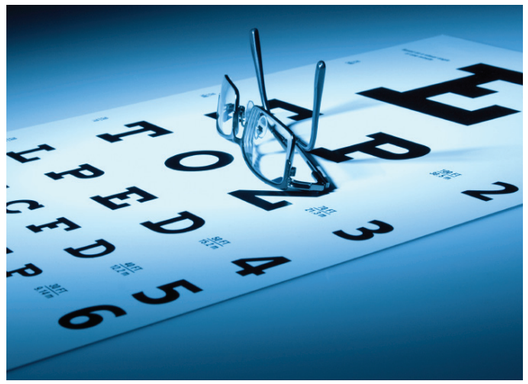
Your vision benefits are provided through VSP Choice Plan. VSP has a network of over 33,000 providers located in retail and professional office locations.

Vision Coverage with a VSP Doctor

- An exam is covered once every 12 months when rendered by a participating VSP provider.
- Lenses and frames are covered once every 24 months.
- You are responsible for a $10 co-payment per visit and a $10 materials co-payment when you receive either single vision, lined bifocal, or lined trifocal lenses. ***Note: if you go to a Non-VSP provider, VSP will pay up to $52 for an eye exam, $34 for single vision lenses, $50 for lined bifocal lenses, $66 for lined trifocal lenses, $50 for frames, and $100 for contact lenses if you choose contacts instead of lenses and frames.*** If you see a doctor other than a VSP doctor, you have 6 months to submit a claim to VSP for reimbursement.
- You have a $130 allowance for the purchase of eyeglass frames **or** towards the purchase of contact lenses. Contact lenses are in lieu of lenses and frames.

Find A VSP Doctor

To locate the most current doctors in the VSP network, log on to www.vsp.com. Just click on the member tab and register. Once registered, you can locate doctors that are convenient for you. Although registration is not required, it is helpful in finding a



doctor who participates in your specific VSP plan. You can also call VSP's Interactive Voice Response ("IVR") toll-free at (800) 877-7195. The IVR is available 24 hours a day, seven days a week.

When You Schedule Your Appointment

When you schedule your eye appointment, simply tell your eye doctor your name and date of birth. Your provider will contact VSP for authorization of your eligibility.

When You Go To Your Appointment

You do not need an ID card; however, if you would like one, you may print it by going to the VSP website at www.vsp.com. Your VSP provider will have your authorization waiting for your arrival.

Important Notice about Your Prescription Drug Coverage and Medicare

Important

The following Notice of Creditable Coverage applies to all Medicare-eligible participants, retirees, and/or spouses.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Operating Engineers Local No. 77 Health and Welfare Fund and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The Operating Engineers Local No. 77 Health and Welfare Fund has determined that the prescription drug coverage offered by the Fund is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year thereafter from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2)-month Special Enrollment Period (SEP) to join a Medicare drug plan.

You cannot have both Medicare prescription drug coverage and prescription drug coverage through the Fund at the same time. If you do decide to join a Medicare drug plan and drop your Operating Engineers Local No. 77 Health and Welfare prescription drug coverage, be aware that you and your dependents may not be able to get the same coverage back.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage under the Operating Engineers Local No. 77 Health and Welfare Fund will be affected. **If you join an outside Medicare drug plan, you will cease to be eligible for prescription benefits under the Operating Engineers Local No. 77 Health and Welfare Fund**. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Operating Engineers Local No. 77 Health and Welfare Fund and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months

Continued on Page 4

Continued from Page 3

without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice Or Your Current Prescription Drug Coverage

Contact the Fund office for further information at (877) 850-0977. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, or if this coverage through the Operating Engineers Local No. 77 Health and Welfare Fund changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call (877) 486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at (800) 772-1213 (TTY 1-800-325-0778).

Date: July 2013

Name of Entity/Sender:
Fund Office
Operating Engineers Local No. 77
Health and Welfare Fund
911 Ridgebrook Road
Sparks, Maryland 21152-9451

Phone Number: (877) 850-0977

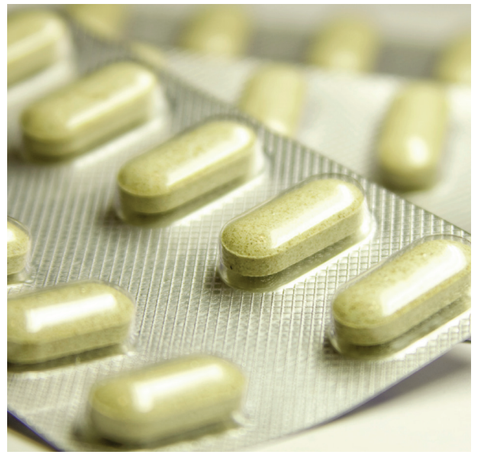
REMEMBER: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Reminder: You Lose Fund Prescription Coverage If You Enroll in Medicare Part D

In accordance with the Medicare Modernization Act of 2003, your retiree prescription drug coverage through Fund is considered to be "creditable coverage." Creditable coverage means that the Plan's prescription drug benefits for Medicare-eligible participants, retirees and/or spouses has been determined to be "as good as or better" than Medicare Part D coverage.

If you are considering a Part D Medicare (Prescription) plan, ***be careful!*** Ask questions about plan maximums, required drug brands, and copays. If you do enroll in a Part D plan, your Fund retiree prescription coverage will terminate because you cannot be enrolled in both plans. It may be that a Medicare Part D plan is right for you, but be careful and make sure your questions are answered first.

Enrolling in a Part D Medicare plan does not affect your medical benefits through the Fund.



Eligibility Requirements for Coverage under The Welfare Plan

You become eligible for health coverage for yourself and your dependent(s) once you have worked 400 hours and your employer has paid contributions for 400 hours in a three-month period for initial eligibility, or 1,200 hours during the previous 12-month period. Coverage begins on the first day of the month following the time both you and your employer meet these requirements. Coverage continues month to month as long as you have worked and your employer has paid for 400 hours in the previous three-month period or 1,200 hours in the previous 12-month period. If contributions are not paid, for any reason, or if you have not worked 400 hours in the last three months or 1,200 hours in the last 12 months, then coverage will stop immediately. If you lose coverage, you can become eligible again when you have worked 400 hours and your employer has paid contributions for 400 hours in the last three-month period.

Your employer's contributions are made the month after you have performed work. Because of this, the three-month "look back" period for each eligibility month is shown to the right.

Eligibility Month	Look-back Period
January	September, October, November
February	October, November, December
March	November, December, January
April	December, January, February
May	January, February, March
June	February, March, April
July	March, April, May
August	April, May, June
September	May, June, July
October	June, July, August
November	July, August, September
December	August, September, October

How Does "Coordination of Benefits" Work?

The following article applies to actively working participants who are not covered by Medicare. If you are actively working and eligible for Medicare, different rules apply.

If you have insurance coverage under two different group plans, there are certain rules which the Fund follows to determine which plan pays first and how the coverage works.

Which plan pays first?

The plan that covers you as an employee pays before a plan that covers you as a dependent. For example, if you work for Clark Construction Group, Inc., the Fund is primary for you. If your spouse works for Clark Construction Group, Inc. and you are covered as his/her dependent, the Fund is secondary for you if you have other coverage through your own employer. When the Fund is primary, it will process your claim first (under the terms of your plan's coverage).

Secondary Coverage through the Fund

When the Fund is secondary, it will pay covered charges that remain after the primary coverage has paid its portion, but it coordinates with the primary carrier so that both plans together pay no more than 100% of the bill. In order for the Fund to cover you as a secondary provider, you must have followed the rules of the primary plan. For example, if the other plan requires you to see a doctor or facility in their network, you must have done so. If it requires you to file your claim within a certain time frame in order to be covered, you must have done that also.

NOTE: If the Fund is secondary, benefits will be paid only if you followed the rules of the primary carrier.

Help Your Claims Be Paid Quickly

In order to help us process your claims quickly and accurately, follow the suggestions shown below.

- **Respond immediately to the Fund office when you receive something in the mail.**
  The Fund office will send you an inquiry if additional information is needed with your claim. The sooner you respond, the sooner your claim can be processed. Failure to respond to the inquiry could result in your claim being denied.

- **Send your Explanation of Benefits ("EOB").**
  If you have other medical coverage and the Fund is your secondary coverage, please send your Explanation of Benefits ("EOB") from your primary carrier as soon as possible. The EOB shows how the primary carrier processed the claim which will allow us to properly process the claim as your secondary coverage.

- **Provide details of any accident.**
  Not all accidents are car accidents. An accident could be a cut or a fall. If you or your dependent is involved in any type of accident, provide the Fund office with details including what happened, where and when it happened, and if anyone else was involved.

- **Send your Coordination of Benefits Information.**
  The Fund office may ask you to send us a copy of your other benefits information in order for us to coordinate benefits with any other insurance carrier you may have.

- **New group coverage for you or a family member?**
  Please notify the Fund office immediately if you or your dependent(s) are offered, elect to enroll in, or lose coverage under another group health plan.

- **Change in dependent status?**
  Be sure to file a new enrollment form with the Fund office within 30 days if you have a change in dependent status. This includes notifying the Fund office in writing within 30 days of the birth of a dependent child.

- **Beneficiary Designation.**
  Certain benefits may be payable upon your death to the person or persons you designate as your Beneficiary. Remember to keep your beneficiary designation up to date.

- **Keep your address updated.**
  Keep the Fund office informed every time you have a change in address (even temporary), name, phone number(s), or dependent status (due to marriage, divorce, adoption, birth, etc.).

Retirees: RIFs Have Been Sent. Did You Return Yours?

The Fund office sent a Retiree Information Form ("RIF") to each retiree asking for information about your current address, your beneficiary, and whether you are employed. Although you may have completed this form last year, ***you still must complete and return this year's RIF. Please answer all questions*** on the form, sign and date it, and return it to the Fund office. If you don't answer all the questions, we will return the form to you for completion.

What If You Don't Have Any Changes?

You still have to complete and sign the RIF. Even if there are no changes to report, we still need to make sure the information in our files is correct.

Failure to return the form may result in suspension of your benefits.

To avoid having your benefits interrupted, ***take the time now to complete and return the RIF as soon as possible.***

Availability of Pension Statement

This Notice informs you of the Plan's legal obligations under the Employee Retirement Income Security Act ("ERISA"), Section 105. Participants must receive notice that they have the right to request a pension benefit statement annually and be informed about how to get one. ***You are entitled to one (1) benefit statement per year.***

Call the Fund office at (877) 850-0977 and request a Benefit Service Request form. Complete all the information on the form and return it to the Fund office. It will take approximately 4–6 weeks for us to prepare your statement.

Important! Keep The Fund Office Informed Of Your New Address And Phone Number

It is very important that you tell the Fund office when your address and/or telephone information changes. Often, the Fund office sends out important information about your benefits, Plan booklets, and even this ***For Your Benefit*** newsletter. If we don't have the correct information, we may not reach you and that may affect your benefits.

If you're planning to move (even temporarily), or have recently moved, let the Fund office know your new address and telephone number by calling toll-free (877) 850-0977. Remember, telling the Union or your employer is not the same as telling the Fund office.

Retirees: For your protection, we need your change of address in writing. Please send information to:

Fund Office
Operating Engineers Local No. 77 Trust Fund
911 Ridgebrook Road
Sparks, MD 21152-9451

Street Address Needed Even If You Have A Post Office Box.

We must have your current street address on file even if you're using a Post Office ("PO") Box for mail delivery. The Fund office will continue to mail all statements or pension checks to a PO Box (unless you are having your check electronically transferred), but we must have your street address as well.